ALBERTA SHEET METAL WORKERS' RETIREMENT TRUST FUND

Personal Information / Enrollment Form

Please print clearly

Name: _____ _____ _____
Your first name | Your middle name | Your last name

Your Social Insurance Number: _____ - _____ - _____ **Gender:** ___Male ___Female

Birthdate: _____ **Email Address:**_____
Month Day Year [to be used for general information only – example: newsletters]

Address: _____ **Phone:**_____
Street | City/Prov | Postal Code

Spousal Declaration

If you have a Spouse and die before retiring, your Spouse is ***automatically*** the sole beneficiary under the Plan unless they sign a Waiver of Entitlement to a Pre-Retirement Death Benefit.

I have an eligible Spouse ~see back of this form for definition of Spouse~ My marital status is: ____Married ___Common Law

_____ _____ Gender: _____ _____ _____
First name of Spouse | Last name of Spouse | Male | Female | Spouse's Birthdate: Month Day Year

Beneficiary Designation

DO NOT name your Spouse below as a beneficiary [your spouse is named above]. Please see #1 & #2 under General Provisions.
If, on my death, I do not have an eligible Spouse, the death benefit will be paid to my beneficiary set out below;

First Name	Last Name	Relationship to you (i.e. son/daughter/parent)	If a Child Year of Birth	Divided equally unless specified
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

Must Total 100%

APPOINTMENT OF LEGAL GUARDIAN / TRUSTEE FOR A BENEFICIARY UNDER 19 YEARS OLD
I appoint (print NAME) _____ to receive any payments on behalf of my beneficiary who has not attained the age of majority (18 years).

GENERAL PROVISIONS
I fully acknowledge and understand that in the **event of my death**:

1) Any pension death benefit will be paid in accordance with the above designated beneficiary, except where there is a Spouse, who is automatically my beneficiary unless they sign a Waiver of Entitlement to a Pre-Retirement Death Benefit.
2) If I do not have a Spouse and have not designated a beneficiary above, the pension death benefit will be paid to my **Estate**.
3) This form revokes any previous designation made by me and I declare the information provided as being true and accurate. I assume responsibility for any changes of the foregoing by personally completing any necessary forms which may be obtained from:

Alberta Sheet Metal Workers' Retirement Trust Fund, 100-8905 51 Avenue NW Edmonton, AB T6E 5J3
Phone (780) 466 1999 • Toll Free (Alberta) 1 (800) 642 3881 • Email: *info@absheetmetalpension.com*

Plan Member Signature _____ Date Signed _____

Privacy Statement: The Plan will only collect, maintain and communicate the personal information considered necessary for the administration of the Plan. The information you provided is subject to the Personal Information Act of Alberta (PIPA) and any questions should be directed to the administration office.

Definition of a Spouse

Spouse is a person who has rights to your pension in accordance with pension legislation and who, at the relative time, is;

a) someone that you are married to and to whom you have not been living separate and apart for 3 or more consecutive years, or
b) if there is no person to whom subsection (a) applies, someone you have been living with in a conjugal (common-law) relationship;
    i. for a continuous period of at least 3 years, or
    ii. of some permanence, if there is a child of the relationship by birth or adoption.

"Relevent time" refers to date of death or date of retirement

If your Spouse wishes to waive their entitlement to pre-retirement death benefits, a waiver form may be obtained from the administration office and/or by accessing the website at www.absheetmetalpension.com.

Pension Plan Information

This Pension Plan is administered by an Industry Joint Board of Trustees, and is registered with Canada Revenue and Alberta Employment Pensions (CRA 388603), operating in accordance with all applicable legislative requirements. A Plan summary and Membership Booklet may be obtained from the Administration office and/or by accessing the website.

Funeral Benefit Plan Information

This Plan is supplemental to the Alberta Sheet Metal Workers' Retirement Trust Fund and is for the purpose of providing an enhanced death benefit. The Funeral Benefit applies to ACTIVE Plan Members and RETIRED Plan Members of the Alberta Sheet Metal Workers' Retirement Plan. The amount of the Funeral Benefit is a lump sum amount subject to a maximum benefit equal to the lessor of;

1. $2,000.00 OR,
2. a.) for retired Plan Members, the monthly pension payable from the Retirement Plan as at date of death multiplied by six, and
   b.) for Active Plan Members the monthly lifetime pension accrued under the Retirement Plan as of date of death, with no early reduction, multiplied by six,

however, shall not be less than $500.00.

Minimal Plan requirements are that the claimant must apply within 3 months from date of death of the Plan Member. The Funeral Benefit shall be payable upon the death of the Plan Member to the Plan Member's Spouse or, if no spouse, to the Plan Member's Estate upon receipt of the Funeral Director's Statement or Death Certificate. This is a taxable benefit.